



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90069 049 ****70.00

DOCUMENT # N02110 1. Entity Name PALM HARBOR, FLORIDA CHAPTER OF SPEBSQSA, INC.					
Principal Place of Business PALMHARBOR COMMUNITY ALTUITY CENTER 1500 16TH STREET PALM HARBOR, FL 34683 US			Mailing Address PALMHARBOR COMMUNITY ALTUITY CENTER 1500 16TH STREET PALM HARBOR, FL 34683 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 36-3399680	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOUDETTE, J.E. 2071 QUAILWOOD LANE SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>J.E. Boudette</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, JERRY 1772 ARABIAN LANE PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	JOE ROAN 251 DUNBRIDGE DR PALM HARBOR FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRCHNER, ROBERT 2639 OSAKA DR CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	ROBERT BANAGAN 1111 N. BAYSHORE BLVD UNIT F5 CLEARWATER FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, ROBERT 32 TURTLE CREEK CT SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	JEFF PAUL 931 CHATHAM WAY PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELKONIAN, DODGE 2712 REDFORD CT CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	JERRY THOMAS 1772 ARABIAN WAY PALM HARBOR FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, ALBERT JR 100 CLYDE LANE, #108 DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOUDETTE, J.E. 2071 QUAILWOOD LANE SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: J.E. Boudette J.E. BOUDETTE 2-10-2007 352-686-0537 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					